

Medicaid Recipients and Psychiatric Treatment

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This is the third article published in HMJ with the same title. The first was published in June 1989¹ and the second in June 1992.² Both outpatients and inpatients on all islands were discussed in the previous 2 articles; this article will discuss only inpatients on the island of Oahu. The inpatient data in the previous articles covered all psychiatric admissions to hospitals on all islands; this article will cover only Medicaid recipients admitted to psychiatric wards in Oahu hospitals. The data from 2,500 inpatients were analyzed in each of the previous articles; this will analyze the data from 1,060 inpatients. The data were collected over an 18-month period from September 1992 to February 1994.

Patients and Methods

Patients

Unlike the previous reports, the data on inpatients are confined to Medicaid recipients who were admitted to the psychiatric inpatient units at The Queen's and Castle Medical Centers on Oahu.

Methods

In the previous reports, the data on inpatients were obtained from Medicaid Form 1144, which hospitals are required to submit for all Medicaid psychiatric admissions. In this report, the medical records, as well as other reports of patients admitted

to the psychiatric units at Queen's and Castle, were reviewed to determine if they were Medicaid recipients at the time of admission.

Results

Although the data in all the reports were collected over 18 months, the number of admissions was fewer in this report because only Medicaid recipients were counted. The number of admissions to Castle was greater than Queen's (554 versus 506). This may not be an accurate reflection of the numbers of Medicaid patients admitted to the two facilities, because some of the admissions to Queen's were Medicaid recipients who were not identified as such at the time of admission. It is estimated that if an accurate recount of Medicaid admissions at Queen's were made, the number of patients admitted to both facilities would be nearly equal.

The distribution of patients by diagnosis and sex is nearly the same in all 3 reports with one exception: The diagnosis of substance abuse. It appears that the number of substance abusers who were admitted had increased significantly, but the apparent increase is probably an artifact. In the 2 previous reports, substance abusers were given the diagnosis of depression because Medicaid did not pay if the primary diagnosis was substance abuse. In this report, substance abusers were dually diagnosed as depression/substance abuse, and these admissions were identified as substance abusers instead of as depressives.

Table 1.—Distribution by Hospital, Diagnosis, and Sex

Dx	Queen's			Castle			Totals		
	Men	Women	STot	Men	Women	STot	Men	Women	GTOT
SCH	105	69	174	71	62	133	176	131	307
DEP	60	59	119	58	65	123	118	124	242
DYS	1	3	4	0	1	1	1	4	5
BIP	21	36	57	10	20	30	31	56	87
ALC	7	8	15	40	19	59	47	27	74
SUB	19	15	34	99	46	145	118	61	179
OBS	16	12	28	4	0	4	20	12	32
OTHER	32	43	75	22	37	59	54	80	134
TOTALS	261	245	506	304	250	554	565	495	1060

DX = Diagnosis; SCH = Schizophrenia; DEP = Depression; DYS = Dysthymia; BIP = Bipolar; ALC = Alcohol; SUB = Substance abuse; OBS = Organic brain syndrome; STot = Subtotal; GTot = Grand total

Table 2.—Percentage of Admissions—Distribution by Diagnosis and Year

Diagnosis	1987	1990	1993
SCHIZOPHRENIA	30	29	29
DEPRESSION	16	25	23
DYSTHYMIA	13	2	<1
BIPOLAR	10	11	9
ALCOHOL	6	4	7
SUBSTANCE ABUSE	3	8	17
ORGANIC BRAIN SYNDROME	2	1	3
OTHER	19	20	13

For the diagnoses of alcohol and substance abuse, Castle admitted 4 times the number that Queen's admitted because Castle has an alcoholism and addictions program and Queen's does not.

The distribution of patients by the number of admissions is different in this report. In the first 2 reports, about three-fourths of the patients (1,927 or 77%, and 1874 or 75%) had only one admission. In this report, about three-fifths of the patients (654 or 61%) had only one admission.

Discussion

An analysis of the data on inpatients over a 7-year period (1987 to 1993) shows:

- The distribution of patients by diagnosis is nearly the same in all 3 reports.
- The distribution of patients by number of admissions is similar in the first 2 reports (all psychiatric admissions on all

islands) but is different in the current report (psychiatric admissions of Medicaid recipients on Oahu only).

When admissions to psychiatric wards are studied and Medicaid recipients are compared to the general population, the following conclusions can be made:

1. The percentage of Medicaid patients who were hospitalized only once during the 18-month study period of this report (66%) is less than that of the general population (in studies of 2 earlier 18-month periods, 77% and 75%).
2. Likewise, the percentage of Medicaid patients who were hospitalized more than once is greater than that of the general population (34% versus 23% and 25%).
3. Multiple admissions of Medicaid recipients accounted for 62% of the total admissions, while multiple admissions for the general population accounted for 44% and 48% of the total admissions.

In summary, Medicaid recipients were readmitted more frequently than the general population, and their readmissions accounted for a higher percentage of the total admissions.

- Of all the inpatients covered in the 1989 and 1992 reports, there were 342 patients who had been admitted at least once in both reports. In the 1989 and 1994 reports, the number is 105, and in the 1992 and 1994 reports, the number is 167. There were 43 patients (4% of the Medicaid recipients in the 1994 report) who had been admitted in all 3 reports. Twenty-seven patients in this group (63%) had at least 2 admissions in the 1994 report. This group can be considered to be the core of the chronically mentally ill with multiple hospitalizations in the past 7 years.

References

1. Chun WKC. Medicaid recipients and psychiatric treatment. *Hawaii Med J.* 1989;48:221-234.
2. Chun WKC. Medicaid recipients and psychiatric treatment. *Hawaii Med J.* 1992;51:152-163.

Table 3.—Distribution By Year and Number of Admissions

No. of Admissions	1	2	3	4	5	6	7	8	9	10	12	Totals
Year												
1987	1927	359	120	57	25	5	5	2				2,500
1990	1874	370	134	58	28	15	9	5	5	2		2,500
1993	700	207	78	31	17	13	5	5	3		1	1,060

Table 4.—Distribution of Patients with Admissions in 2 or 3 Reports

	1989/1992	1989/1994	1992/1994	1989, 1992/1994
No. of Patients in both Reports	342	105	167	
No. of Patients in 3 Reports				43